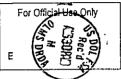
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
12945	01/01/204 Through: [12/31]/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name SALVATIONE COGNISTITAL CONTINUES	Name UFCW Locks 1-8
·	Labor Organization File Number   1012-289
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 747 Grand 1997 112 / 7-13	Street 8.403 18 V AVENUE EAST TO DE
City STATE OF TOWN IN	City BRIDAYN COME COME TO THE STATE OF THE S
State State ZIP Code + 4 10312	State New York: ZIP Code + 4 Mara
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

	monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
l	Name Name	
	Trade Name, if any:	
	P.O. Box, Bldg., Room No., if any	The state of the s
		7.b. Amount.
	. Street	
	City Company of the C	
1	State ZIP Code + 4	· ·

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Samod

On

. <u>18//6/</u>/35 .Date 7/8-138/AS 2:3// Telephone Number

Name of Person Filing SALVATORE COGNETTA	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	a. Labor Organization  b. Trust
P.O. Box, Bldg., Room No., if any	b. Irust
Street	New Account
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Table 1997	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Street	11.b. Approximate dollar value of such dealing.
City City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered und	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	y or other thing of value.  14.a. Nature of payment.
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	Cata 15 TM AS DARTS
Name UFCW LOCALL-D	
Trade Name, if any:	LOCAL I-D TISS
	LOCAL I HAY FIEN 43
P.O. Box, Bldg., Room No., if any	LOCAL I MAT MED 43
P.O. Box, Bldg., Room No., if any Street 18402 18 TH AVENUE	LOCAL I MAN MED 43 LOCAL I MAN MED 43 LOCAL I PENSTON (6 LOCAL I SEVENANCE 8
P.O. BOX, Blug., Nooth No., II ally	LOCAL I HANTON (6) LOCAL I SEVERANCE 8
Street 8402 18 TH AVENUE	LOCAL I HAN FLED 43 LOCAL I PENSION (6 LOCAL I SEVERANCE 8
Street Stop 18 TH AVENUE  City BrockeryN	LOCAL I MAINTEN LICAL I RENSTON LICAL I SEVENANCE 8  14.b. Amount of payment.